

RELATIONSHIP BETWEEN CLINICAL ASSESSMENT AND DIAGNOSIS

Abstract

The assessment is an important aspect of diagnosis which makes the process of management easier than going for another way. The investigations of the various disorders have their own role in diagnosing at the earliest level. The relationship between the assessment and diagnosis is hereby explained as an important part of treatment strategies. The pillar of illness relies on the assessment and diagnosis which have their own responsibility. The assessment has Another illness or disease can be determined by its features itself as the books and various authors suggest that the disorder or musculoskeletal pain can be determined by some theoretical values and symptoms which are further on evaluated based on features of a disease. Before rushing to the evaluation, further observation is required for the better assessment of an individual patient. The whole chapter includes the aspect of assessment and making a diagnosis and their basic relationship.

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I. BACKGROUND

Physical assessment has been one of the 3 pillars of diagnostic assessment of an illness. Clinical Assessment is a process which links or correlate the signs present in an individual with a right diagnosis which further helps us in making a perfect management plan. The relationship between diagnosis and clinical assessment is important and can be influenced by the dynamic nature of a disorder or musculoskeletal problem. So, the assessment should be conducted in a single point time with a perfect review and manner which should be clearly focuses on individual's appearance and physical examination.

Assessment has a long history in the clinical field and endures to be at the source of clinical practice. It makes noticeable sense to accept that our exercise should be constructed on thorough assessment, but a question that follows is, 'Evaluation of what?' By tradition, assessment has aimed on the 'displaying problem of the individual that has come to be referred to an examination. This of course occurs through a variety of paths and for a variety of causes.

The basic principles of an illness management plan rely on the clinical assessment and the most important term 'Diagnosis'. It is necessary that the examiner should be aware what he/she is treating, and the assessment should focus on methods to differentiate the exact condition from its related disorders. According to Rolf, the assessment includes the individual's history, symptoms, signs, progression, and the most necessary term 'Clinical Special Tests. X-ray, MRI, CT scan are also important and have their own limitations as per the requirement of clinical correlation. The Physiotherapy assessment takes 30 to 45 minutes to evaluate an individual to make a right diagnosis and the right management of a musculoskeletal, cardiac, and neurological disorders. So, in criteria of sports injury evaluation, it is important to ask the individual about the mechanism of an injury, the demonstration of the patient by himself makes a different and informative view of the examiner to Imagine about the cause and mechanism behind the occurrence of the illness. Before rushing to the evaluation, further observation is required such as posture, gait and the most important 'biomechanical evaluation e.g., tibial torsion, flat foot which further have their own impact on the posture and abnormal biomechanical alignment. Further on the inspection and palpation have their own importance to evaluate the individual (ROLF, 2007). The evaluation of musculoskeletal conditions or the respiratory, neurological and the cardiac illness contributes to establish a perfect diagnosis and the prognosis, for setting anticipated goals and the expected outcomes. The above evaluation of an illness also helps in making a perfect plan of care (POC). The assessment is an important component to evaluate the progression of achievements among the outcomes which further plans the management plan or to change it.

II. AIMS OF ASSESSMENT

1. To determine the occurrence of an illness or the disability.
2. To identify the specific reason or the underlying disorder which is contributing for the impairment or activity limitation
3. To evaluate the baseline status
4. To formulate the goals and plan of care (POC).

5. To determine the results and outcomes of the treatment given.
6. To determine the risk factors associated with the illness.
7. To find out the individual's needs.
8. To enhance the mental health or to find out the mental needs of an individual.

Some of the point above need to be emphasized according to the features and need of a patient which are as follows:

- 1. To Determine the Occurrence of an Illness or Disability:** The illness or disease can be determined by its features itself as the books and various authors suggest that the disorder or musculoskeletal pain can be determined by some theoretical values and symptoms which relies on the mode of diagnostic procedure and assessment. The impairment can be identified by various procedures of assessment to differentiate the diagnosis. As a term says if you are not assessing that directly means you are just guessing.
- 2. To Identify the Specific Reason or the Underlying Disorder which is Contributing for the Impairment or Activity Limitation.:** The factors responsible should also being examined or asked during the subjective assessment of a person or individual patient by sequential manners as the theories are at their huge level but according to assessment data protocol the subjective assessment is necessary. The reason behind every impairment should be noted because if we will treat the symptoms only, the patient will not be alright at any cost. Diagnosis in the medical profession is the most crucial step since the treatment protocol depends on this. The diagnosis depends upon the framework of clinical reasoning or clinical decision making. The diagnosis is labelled as a pre-existing set of categories agreed upon by the healthcare professional to designate a specific condition. The diagnosis is an end point of a complex process centered on the patient's current illness. The keys of diagnosis are basically focused on gathering, integrating, and interpreting the information. The communication is main key to gather the information during this process. The diagnosis can only be made or produced by the positive findings which are the keys of an assessment chart. Sometimes after making the diagnosis, the opinions differs, and the controversies arise.
- 3. Evaluation of the Criterion Status:** The criterion of a disease is to be fulfilled by a detailed assessment as there are specific criteria of each disorder which is establishing the disease's severity and level of adoption for the body. The level of severity shows an important role as the individual ADLs are affected by the disorder itself or musculoskeletal dysfunction. The individual patient's condition has individual features; because of this we can differentiate the specificity of a condition in an individual. So, it is mandatory to evaluate patient's criteria of matching for the symptoms and severity too.

The point of investigations during the assessment plays an important role in assessing an individual as their role of positive findings also identifies the symptoms related to the illness. So investigations are also another important point in criterion status.

- 4. To Formulate the Goals and Plan of Care (POC):** An accurate and systematic inspection of the patient is obliged for a musculoskeletal evaluation. A correct finding is

dependent on knowledge of practical anatomy, joint biomechanics, an exact patient's history, careful observation, and a thorough assessment.

So, the aims hereby affirm that the optimistic outcomes which are to be assembled by the examiner will help him in reaching the right diagnosis and the treatment plan. So, the goals are to be prepared according to the need of a patient and the role of him/her in ADLs. As some of the patients are fond of physical activity and because of the involvement of a body part in a disorder can lead to dysfunction or default posture of the patient. So, the aims are not only focused on pain and ADLs but also on the correction of malalignment of the body due to adoption of posture to compensate for pain.

5. **To Determine the Results and Outcomes of the Treatment Given:** The progression of an illness can be due to these controversies which further leads to a wrong diagnosis and the management plan. So, the diversion of the examiner during the assessment can be injurious. So, it is necessary to evaluate the person with a focused and sound knowledge of an examiner. It is also essential to evaluate the affected individual with a qualitative view rather than focusing on quantitative data of the assessment. The sound knowledge of the clinician or examiner is important because the implantation of that knowledge can mistakenly lead the clinician to a wrong diagnosis. The wrong diagnosis will lead to an erroneous plan of care and the worsening of an illness. We can study essential concepts of musculoskeletal health using our clinical skills or evaluation methodologies, such as tissue tolerance, tissue capacity, tissue homeostasis, and regional interdependence.
6. **To Determine the Risk Factors Associated with the Illness:** The risk factors associated with illness or disease also should be identified. The factors which are modifiable and non-modifiable should be differentiated with their respective differentiating features and are to be suggested accordingly. The factors which are non-modifiable should be kept on side as they are not to be observed as an important point during the treatment, but they are as much important during the assessment and history taking.
7. **To Find out the Individual's Needs:** The needs should be identified by examining the patient and the history taken during assessment is notifying which should be considered as a main aspect of the perspectives of assessment. The needs also focus on ADLs of a person as they are mandatory to be performed by an individual during the day to day lives.
8. **To Enhance the Mental Health or to Find Out the Mental Needs of an Individual:** The enhancement of mental health is necessary as it is an important point to consider with the aspect of an assessor who focuses on the psychological needs of a patient as their perspectives of presentation during the behavior analysis.

A brief evaluation and diagnostic are performed, which involves a review of systems, communication capacity, coping style, language, learning style, and "red flags." Based on the foregoing, the Physician or Physiotherapist decides that tests and measurements are required to investigate the generated diagnostic hypothesis. It is discovered that there is a link between impairments, activity limitation, and participation restriction. The information gathered would be used to drive intervention strategies, care plans, prognosis, and scope of practice. As a result, the more precise the understanding of

anatomy and assessment, the better the diagnosis, resulting in a favorable treatment plan and execution

III. LIMITATIONS OF CLINICAL ASSESSMENT

The clinical assessment is not a perfect tool. We have already emphasized one of the major restraints of clinical assessment, which is that it often relies upon the patient having established disease to make diagnosis. The need to consider the false positive and negative findings in every component is another constraint of clinical assessment. The wrong history can lead to a wrong diagnosis and a mis-conceptual treatment plan (Silverston, 2014).

IV. CONCLUSION

It is important to distinguish the link between clinical assessment, diagnosis and treatment plan which is to be prescribed to the patients who are having the symptoms of minor illness. Although most of the patients will have minor illness, but some may develop the complications also It is hereby to keep in the clinician's mind that the assessment should be with sound knowledge and in a perfect manner with a qualitative approach to not to lead to a wrong approach of plan of care and the outcomes.

BIBLIOGRAPHY

- [1] Mc Carthy PL, Lembo RM, Fink HD, Baron MA, Cicchetti DV; Observation, history, and physical examination in diagnosis of serious illnesses in febrile children ≤ 24 months; Diagnostic imaging and testing.
- [2] Paul D, Mark M, Kevin P, McLarty, Nikolai B, ; The Value of Medical History and Physical Examination in Diagnosing Sacroiliac Joint Pain, Diagnostic imaging and testing.
- [3] Reliability of Physical Examination for Diagnosis of Myofascial Trigger Points, A Systematic Review of the Literature; Journal of clinical Pain.
- [4] Frontera, W.R. (2003). Rehabilitation of sports injuries: scientific basis. Maiden, MA: Blackwell Science pp-3-8.
- [5] Gulam Aafid. (2016). Need, importance and benefits of exercise in life, International journal of Physical education, sports and health (pp-127-130).